

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-08-2005 90278 001 ****50.00

DOCUMENT # L04000070811

1. Entity Name
MORE ONLINE SERVICES LLC.



Principal Place of Business
**407 LINCOLN ROAD
 PENTHOUSE NW
 MIAMI BEACH, FL 33139**

Mailing Address
**407 LINCOLN ROAD
 PENTHOUSE NW
 MIAMI BEACH, FL 33139**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04062005 Chg-LLC CR2E083 (10/03)

City & State

4. FEI Number
16-1719740

Applied For
 Not Applicable

City & State

Zip Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

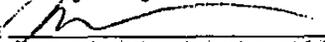
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARDNER, MIKE
 407 LINCOLN ROAD
 PENTHOUSE NW
 MIAMI BEACH, FL 33139**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **4/6/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Delete
 NAME **MGRM**
 STREET ADDRESS **MORE MEDIA DIRECT INC.**
 CITY - ST - ZIP **407 LINCOLN ROAD PENTHOUSE NW MIAMI BEACH, FL 33139**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE Delete
 NAME **MGRM**
 STREET ADDRESS **BRE INVESTMENT LLC**
 CITY - ST - ZIP **1717 NORTH BAY SHORE DRIVE APT 210 MIAMI, FL 33132**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Change Addition
 TITLE
 NAME
 STREET ADDRESS
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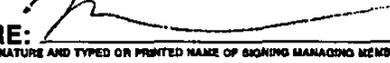
TITLE Delete
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Change Addition
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Change Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE **4/6/05** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE